



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2965

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Concord Volunteer Fire Department seeks utilization of grant funding to remodel a (1995) two bay station and construct a new four bay station to accommodate facilities for fire training classroom and operations. Second phase is to install SCBA Search and Rescue Smoke Training Facility, Live Fire Training Facility and Rescue Tower. This will be the only fully equipped fire training facility in Gadsden County and will be instrumental in training the surrounding area firefighters and will include EMT Training. The plans are complete for first phase construction.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	100,000
Fixed Capital Outlay	1,400,000
Total State Funds Requested	1,500,000

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,500,000	100%

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

None: Due to the volunteer departments limited resources.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

05/01/2025

d. What is the estimated completion date of construction?

06/01/2028

e. What funding stream will be used for ongoing operations and maintenance of the project?

Contractual agreement to provide Emergency Fire and Rescue Services with Gadsden County and Training Class Fees.

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Concord Volunteer Fire Department, Inc, 501(c) (3) Non Profit Organization controlled by a six member board and appointed fire chief.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Manager Salary	100,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	This is an infrastructure upgrade from the existing 29 year old, two bay building. The new building will be used for: apparatus housing, maintenance, & training. The existing building will be remodeled for Department operations, crew accommodations, & a training classroom. Land acquisition not required for Phase 1 but will be required for Phase 2.	1,400,000
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Provide facilities for fire training classroom and operations. This grant funding will be instrumental in training the surrounding area firefighters and will include EMT Training.

b. What activities and services will be provided to meet the intended purpose of these funds?

Firefighter and EMT Training.

c. What direct services will be provided to citizens by the appropriation project?

Improved fire and rescue services.

d. Who is the target population served by this project? How many individuals are expected to be served?

Estimated 3500 residents.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The benefit or outcome will be measured by the number of trained personnel to successfully become Florida State Certified Firefighters and include EMT certification.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The department should be required to return all unused funding to the state.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.